

SMART/TIPS SUGGESTION FORM

For use of this form, see DA PAM 738-750; the proponent agency is ODCSLOG

1. REFERENCES (*Publications/directives, end item, model, NSN, PN, etc.*)2. CURRENT PROBLEM/PROCEDURE (*If more space is needed, continue on following page*)3. RECOMMENDATION FOR IMPROVEMENT (*If more space is needed, continue on following page*)4. NAME (*Last, First, MI*)

5. RANK

6. DATE OF SUBMISSION (YYYYMMDD)

7. MILITARY ADDRESS

8. HOME ADDRESS

9. DSN TELEPHONE NUMBER

10. COMMERCIAL TELEPHONE NUMBER

11. FAX TELEPHONE NUMBER

12. E-MAIL ADDRESS

13. CONTINUATION OF BLOCKS 2 AND

3